

IFW DAC/I #



# TRANSMITTAL FORM

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		Complete if Known	
		Application Number	09/864,873
		Filing Date	May 25, 2001
		First Named Inventor	John J. ROSSI et al.
		Examiner Name	Karen A. Lacourciere
		Group Art Unit	1635
Total Number of Pages in This Submission		Attorney Docket Number	1954-330
<b>ENCLOSURES (check all that apply)</b>			

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|--|---|--|
| <input checked="" type="checkbox"/> Issue Fee Transmittal Form               | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Allowance                                     | <input type="checkbox"/> Petition 1.84(b)   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | Duplicate of Application for PTA   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input checked="" type="checkbox"/> Application for Patent Term Adjustment              | Copy of 9/13/01 Submission Papers  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  | Copy of PAIR listing   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   | Corrected PTOL-85 Form   |
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SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Michael G. Sullivan, Reg. No. 35,377				
SIGNATURE		DATE	7/15/04	DEPOSIT ACCOUNT USER ID	02-2135